

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION		12	4/9
O.I.P.E. CLASSIFIER		7/6	85.30.01
FORMALTY REVIEW	H-5	625	09-12-01
RESPONSE FORMALTY REVIEW	M. H.		

INDEX OF CLAIMS

✓ _____ Rejected
 - _____ Allowed
 - (Through numeral) _____ Canceled
 + _____ Restricted
 N _____ Non-elected
 I _____ Interference
 A _____ Appeal
 O _____ Objected

Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
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